

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number 10/671,374-Conf. #1870	
		Filing Date September 25, 2003	
		First Named Inventor Woo YOON	
		Examiner Name M. P. Choi	
		Art Unit 2621	
TOTAL AMOUNT OF PAYMENT (\$) 180.00		Attorney Docket No. 1630-0424PUS1	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	<small>Small Entity</small>	<small>Small Entity</small>	<small>Small Entity</small>	<small>Small Entity</small>	<small>Small Entity</small>	<small>Small Entity</small>	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES		<small>Small Entity</small>
Fee Description	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195
Total Claims	Extra Claims	Fee (\$)
- 20 or HP = _____	x _____ = _____	Fee Paid (\$)
HP = Highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP = _____	x _____ = _____	Fee Paid (\$)
HP = Highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)
- 100 = _____	/50 = _____	(round up to a whole number) x _____ = _____	Fee Paid (\$)

4. OTHER FEE(S)		Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)		_____
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement		180.00

SUBMITTED BY			
Signature	Registration No. 40,953	Telephone (703) 205-8000	
Name (Print/Type) Esther H. Chong	(Attorney/Agent)	Date JAN 23 2009	